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ABSTRACT

Current attention to the study of values in counseling and psychotherapy reflect a shift from earlier notions that counseling can be or should be a value-free enterprise. This study looked at the values that characterize counselors and therefore may influence the counseling process. The study looked at values in four domains: mental health values; universal values; individualism-collectivism; and religious/spiritual values. Nationwide, 479 counselors responded to a survey designed to assess values. Results of this study point to a generally concordant, although by no means unanimous, value profile for professional counselors across several major, interrelated value domains. For example, counselors are shown to value, among other characteristics, benevolence, self-direction, universalism, achievement, positive human relatedness, compassionate responsiveness, and purposeful personal development. They are moderately other-oriented and indicate some degree of spiritual or religious orientation. A few differences were found with respect to age, gender, race/ethnicity, and theoretical orientation. Contains 6 tables and 93 references. (JE)

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Value Orientations of Professional Counselors: A National Survey

Final Report for 1992-1993 Research Project

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Review of Selected Literature

Current attention to the study of values in counseling and psychotherapy reflects an ongoing reappraisal of how values impact counseling theory and practice (Bergin, 1991; Beutler & Bergan, 1991; Herr & Niles, 1988; Patterson, 1989) and reflects a decided shift from earlier notions that counseling should or could be a value-free enterprise (Beutler, 1980; London, 1986). Various definitions have been offered for values; the one proposed by B. Schwartz (1990) appears to capture the core meaning of values as understood and operationalized in most of the research and speculation regarding values in counseling: values are "principles, or criteria, for selecting what is good (or better, or best) among objects, actions, ways of life, and social and political institutions and structures. Values operate at the levels of individuals, of institutions and of entire societies" (p. 8). With a focus primarily on the individual level of values, contemporary research and theory in counseling and psychotherapy point to the important, if still unclear, influence of human values on the theory, processes, and outcomes of counseling (Bergin, 1980; Beutler, Crago, & Arizmendi, 1986; Bickhard, 1989; J. Gartner, Harmatz, Hohman, Larson, & A. F. Gartner, 1990; T. A. Kelly, 1990; T. A. Kelly & Strupp, 1992; Mitchell, 1993; Norcross & Wogan, 1987; Schwenn & Schau, 1990; Tjeltveit, 1986). Based on their extensive review of studies on the influence of values in counseling, Beutler and Bergan (1991) and T. A. Kelly (1990) note that pertinent research allows us to accept two key findings with reasonable confidence: (a) Over the course of counseling rated as beneficial by the counselor, client values converge toward those of the counselor, and (b) complex patterns of initial client-counselor values similarity and dissimilarity contribute to client-counselor value convergence.

The convergence phenomenon raises issues of both ethical propriety and therapeutic effectiveness. No doubt it was a concern for this kind of counselor influence that in part contributed to the notion that counseling should be value free and still fills most counselors with considerable caution in the use of values in counseling (Corey, Corey, & Callanan, 1992; Patterson, 1989). However, legitimate counselor concern about inappropriately influencing clients' values needs to be balanced with evidence that such influence appears prevalent, widely acknowledged by practitioners (Norcross & Wogan, 1987), and "may be among the variables that produce therapeutic improvement" (Beutler & Bergan 1991, p. 18). This evidence leads to several key questions including: What are the values that characterize counselors and which, therefore, may influence the counseling process? What are the specific patterns of client-counselor value similarity and dissimilarity that are conducive to client improvement? What are counseling methods for effectively and ethically using values in counseling?

The focus of the study presented in this report is on the first of these questions. However, because of their relevance as important parts of the whole complex picture of how values affect the counselor process, key selected data and speculation related to the second two questions are briefly summarized here. With respect to the value similarity-dissimilarity issue, Beutler and Bergan (1991) summarize previous research suggesting that counselor-client similarities around abstract issues of wisdom, honesty, and

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intellectual matters enhance positive treatment outcome (Arizmendi, Beutler, Shanfield, Crago, & Hagaman, 1985; Beutler, Arizmendi, Crago, Shanfield, & Hagaman, 1983; Beutler, Jobe, & Elkins, 1974; Lafferty, Beutler, & Crago, 1989), whereas value dissimilarities about friendship, social recognition (Arizmendi et al., 1985), interpersonal dominance and submission (Charone, 1981), and the danger of social contact (Beutler, Pollack, & Jobe, 1978) have a positive therapeutic effect. Using a measure of mental health values in connection with alcoholism treatment, Tyler, Clark, & Wittenstrom (1989) found that treatment effects were enhanced by pretreatment counselor-client congruence on personal conduct values (Negative Traits, Achievement, Affective Control) and by pretreatment dissimilarity divergence on value factors of Self-Acceptance, Good Interpersonal Relations, Religious Commitment, and Unconventional Reality. T. A. Kelly and Strupp (1992) found evidence suggesting that it is not so much the content pattern of value similarity and dissimilarity that is important, but rather a modest degree of similarity and dissimilarity across several values. Despite these promising findings, both Beutler and Bergan (1991) and T. A. Kelly (1990; T. A. Kelly & Strupp, 1992) note that our knowledge of the treatment effect of specific values and of patterns of client-counselor value similarity-dissimilarity is still meager and calls for more systematic study.

Moreover, the step from the fact of values influence in counseling and the patterns of this influence to counseling methods by which this influence may be realized with therapeutic efficacy and ethical propriety (the third key question noted above) is not an easy one. There is much thoughtful speculation about such methods but little empirical research. With regards to the former, Bergin (1985, 1991) proposes "two orienting principles that should guide any planned value intervention" (p. 396). First, the therapist must respect the client's self-determination with regards to values and be open and scrupulously non-coercive in collaborating with the client use of values for achieving self-determined goals (see also, for example, O'Brien, 1984; Patterson, 1989). Second--and more controversial (see for example, B. Schwartz, 1990)--in line with the notion that certain "universal" values bear predictable human consequences, the therapist must attempt to balance relativistic and "universal" values (e.g. "human life is sacred") in facilitating the client's free development and improvement. Consistent with these principles, typical approaches to the use of values involve counselor responses that reinforce client values supportive of therapeutic goals (e.g. empathy, praise), that challenge values inconsistent with clients' goals (e.g. constructive confrontation, suggestion of alternative perspectives), or that facilitate the client's development of a valuing process (see, for example, Bickhard, 1989; Wick, 1985) as part of decision-making. These value-oriented counseling methods are generally congruent with research regarding the influence of values in counseling. However, except for the particular issue of religiously oriented methods in counseling, there appears to be little or no empirical studies (see, for example, the recent comprehensive reviews of Bergin, 1991; Beutler & Bergan, 1991; T. A. Kelly, 1990) that directly investigate the effect of "any planned value intervention".

Four Value Domains

With respect to the focal question of this study, namely what values characterize counselors, Beutler and Bergan (1991), in their effort to design a typology of value domains for studying values influences in counseling, noted that an important first step is "to highlight some of the values that have been found to characterize therapists, and which, therefore, may represent the values taught in counseling and psychotherapy" (p. 20).

This study focused on four value domains that theory and research suggest are of special relevance to counseling. The notion of value domains is used here not to indicate completely separate categories of valuing but particular life spheres giving rise to more or less distinctive perspectives used in making value choices. The value domains for this study are described as follows.

Mental Health Values

Several studies have investigated the mental health value orientations of various mental health professionals. With "the hope that therapists would profit from a careful, soul-searching review of [values most commonly espoused and used by practitioners] and their possible effect on clients" (p. 290), Jensen and Bergin (1988) conducted a national values survey of clinical psychologists, marriage and family therapists, social workers, and psychiatrists (total n = 425). Using a 69-item mental health values survey designed over several steps with expert input, they found a generally strong consensus among all responding professional groups across a broad range of values like being a free agent, having a sense of worthwhile identity, being honest, and being responsible, to mention but a few. Their results appear consistent with earlier findings and suggestions of Vardy and Kay (1982) that "evidence is accumulating that equalitarian and humanistic values in general are a modal ideology of mental health professionals over the last decade" (p. 231). Using the Mental Health Values Questionnaire (MHVQ), a factor-analytic derived instrument of 99 questions (Tyler, Clark, Olson, Klapp, & Cheloha, 1983), Haughen, Tyler, and Clark (1991) recently conducted a national mental health values survey of social workers, psychologists, psychiatrists, and psychoanalysts (total n = 357). Although conceptually similar in certain respects, the 6 factors of MHVQ and the 10 themes of Jensen-Bergin instrument appear to overlap only modestly (Haughen et al., 1991). Nonetheless, Haughen et al. (1991), like Jensen and Bergin (1988), found substantial consensus among the four mental health professional groups that they surveyed. This consensus embraced six of the eight MHVQ factors, including for example negative traits (values related to such issues as dressing, drinking, and gossiping), achievement (values related to such issues as education, intelligence, and hard work), affective control (values related to such issues as fear, violence, and sadness), and interpersonal relations (values related to caring for others, forgiveness, and friendliness) (Tyler et al., 1983). These findings provide further support to the notion that mental health professionals across major disciplines broadly, albeit not unanimously, agree on a set of values that are considered important to mental health. It is noteworthy, however, that neither Jensen and Bergin (1988) nor Haughen et al. (1991) included professional counselors (that is, counselors who identify primarily with the American Counseling Association, and/or are listed with the National Board of Certified Counselors, state certified as school counselors, and/or state licensed as professional counselors) among the mental health professionals whom they surveyed in their national studies.

Universal Values

Mental health values constitute an important but not an exclusive set of values potentially significant to counseling and psychotherapy. Beutler and Bergan (1991) and T. A. Kelly (1990; T. A. Kelly & Strupp, 1992) state that there must be much more specificity in identifying values and values patterns of counselors and clients in order to achieve effective use of values in counseling. Noting the many different ways that values have been conceptualized and operationalized in the research of values in counseling and psychotherapy (e.g. Morris's [1956] Way of Life scale; Allport, Vernon, and Lindzey's [1960] Study of Values instrument; and Rosenthal's [1955] Moral Values Q Sort), T. A. Kelly recommends Rokeach's (1973, 1989) definition of values as precisely conceptualized and his values instrument as possessing reasonably well established reliability and validity. On the other hand, recognizing that the Rokeach Values Survey (RSV) is not without limitations (T. A. Kelly and Strupp, 1992), recent research and instrument development by S. Schwartz (1992; Schwartz & Bilsky, 1990) offer a promising new way for conceptualizing and measuring a well-defined, cross-cultural set of values that takes a giant step toward satisfying requirements for specificity, comprehensiveness, and parametric data acquisition. Based on a series of studies of values drawn from both the RSV and several instruments developed in other cultures, S. Schwartz (1992) developed a 56-item, Likert-type values instrument. Using this instrument in a large international study, Schwartz

and his colleagues were able to confirm that "people in a large number of cultures implicitly distinguish 10 types of values [one predicted value type was not confirmed] when assessing the importance of specific values as guiding principles in their lives [with use of a 56-item values instrument]" (p. 37). Schwartz's (Schwartz & Bilsky, 1990) earlier 7-type value structure was partially duplicated in Feather's (1991) study of 1,300 Australian youth with the Rokeach Values Survey. A face comparison of Schwartz's (1992) later 10-type structure with Feather's 8-type structure points to even greater comparability between the two, suggesting further support for the value domains that Schwartz identified. Moreover, because the Schwartz instrument uses Likert-type rating responses in examining value type structures comparable across many different groups, it avoids statistical problems associated with the RSV's ipsative ranking measures, at the same time providing a way to examine differences among patterns of value priorities with an effectiveness similar to that of ranking procedures (Alwin & Krosnick, 1985). The literature to date contains no reports of using the Schwartz instrument in value research in counseling and psychotherapy. However, its comprehensive structure of value types and its specificity of values within types, supported by extensive field research and data analysis, make it an excellent candidate for use in counseling research. The instrument is described more fully in the Method section of this report.

Individualism-Collectivism

A specific values area of potential importance to counseling and psychotherapy is that of individualism and collectivism. Individualism and collectivism have been shown to be complex phenomena with somewhat varying definitions and labels (see, for example, Bakan, 1968; Clark, Mills, & Powell, 1986; Hui & Triandis, 1986; Hui & Villareal, 1989; Wheeler, Reis, & Bond, 1989; Sampson, 1985, 1988; Schwartz, 1990; Tranfimow, Triandis, & Goto, 1991; Triandis, Bontempo, Villareal, Asai, & Lucca, 1988; Triandis, Leung, Villareal, & Clack, 1985; Triandis, McCusker, & Hui, 1990) and diverse implications for social and personal development. Opinion is divided as to whether individualism has a predominantly negative influence (see for example, Bankart & Vincent, 1988: Bellah, Madsen, Sullivan, Swindler, & Tipton, 1985; Etzioni, 1991; Falck, 1984; Hogan, 1975; Hall, 1983; Greenhouse, 1992; Seligman, 1988) or predominantly positive influence (see for example Spence, 1985; Perloff, 1987; Waterman, 1981). Across these differences, a core meaning of individualism may be formulated as a primary emphasis on personal rather than group goals and attachments (Triandis et al., 1988) and a regulation of relationship responsibilities in terms of contractual reciprocity among self-interested individuals seeking self-determined self-fulfillment (Bellah et al., 1985). Collectivism, on the other hand, is characterized by a primary emphasis on a systemic interdependence and mutual concern and responsibility of persons in relationships and social groups.

As I have discussed elsewhere (E. W. Kelly, 1988), individualism, which research has repeatedly shown to be a dominant value orientation (although not universal) in the United States and other Western countries, also appears as a pervasive value set in many approaches to counseling and psychotherapy. It has been suggested that this individualistic orientation in American society and in counseling theory and practice may lead clients to expect individualistically oriented solutions and may lead counselors to skew the therapeutic process toward individualistic solutions relative to socially responsible solutions (Bellah et al., 1985; E. W. Kelly, 1988). Indirectly congruent with this suggestion are findings that values representing personal goals are more psychotherapeutically alterable than values representing social goals, that "therapists rated higher those patient whose personal goals came to closely match their own" (T. A. Kelly & Strupp, 1992, p. 39), and that therapists give a relatively very high value rating to independence (freedom to make one's decision and to act autonomously) and a relatively very low value rating to conformity (following rules and observing societal regulations) (Mitchell, 1993). Nonetheless, E. W. Kelly and Shilo (1991; Shilo & E. W. Kelly, 1991) found evidence suggesting that clients may be as

receptive of counseling with a significant social responsibility component as with counseling that is predominantly individualistic. Given the apparently important but unclear effect of individualistic-collectivistic orientations of counselors and their preferences for individualistically or socially oriented solutions to client problems, this is an area in need of continued study.

Religious/Spiritual Values

Religion and spirituality represent another special value area that is currently receiving renewed attention in counseling theory and research (Bergin, 1980; 1991; Bergin & Jensen, 1990; Conway, 1989; Ellis, 1986, 1989; Gibson & Herron, 1990; Gormally, 1990; E. W. Kelly, in press; Richards & Davison, 1989; Shafranske, & Malony, 1990; Thibault & Netting, 1990; Worthington, 1986, 1988, 1989). Unlike the consensus that exists among mental health professionals with regards to many humanistic values, religious and spiritual values present a more complex picture. Jensen and Bergin's (1988) national survey showed little consensus in this area while Haughen et al.'s (1991) national survey found a significant consensus. A greater consensus appears to emerge when values in this area are construed more broadly as spiritual/existential than specifically religious (Bergin & Jensen, 1990; Shafranske & Malony, 1990). The effects of religious and spiritual values in counseling also appear complex. Jensen and Bergin (1988) suggest that the intervention of non-religious therapists in the area of client's religious beliefs needs to be constrained and tentative. Beutler and Bergan (1990), on the other hand, note that there is "currently little evidence that counseling outcome is substantially affected by the degree of client-counselor similarity" of religious views. More recently, T. A. Kelly and Strupp (1992) found that patients and therapists differed significantly on their ratings of Rokeach's spiritually oriented value of "salvation" and that patient-similarity on this value showed a significant positive correlation with therapists' ratings of therapeutic outcome. Interpreting this conclusion in the light of Propst's (1992) finding that counselors trained to provide religiously oriented therapy worked well with religious clients, T. A. Kelly and Strupp (1992) suggest that clinical training to deal sensitively with religious issues, rather than therapist-client matching on religious values, is important in effective counseling with clients with religious beliefs. Several other studies suggest that counselor-client non-matching on religious values does not significantly affect clinical judgment and counseling behavior (Gibson & Herron, 1990; Houts & Graham, 1986; Worthington & Scott, 1983). Although the precise effects of client-counselor similarity/dissimilarity and counselor sensitivity and competence regarding religious beliefs are still unclear, there is sufficient evidence of therapeutic influence to merit further study of counselors' religious/ spiritual beliefs as part of our background knowledge for understanding their impact when the client's religion is therapeutically relevant to the counseling process.

Values of Professional Counselors

To date, large scale investigations of the value orientations of mental health professionals have not included professional counselors (see Jensen and Bergin, 1988; Haughen et al., 1991). Given the substantive development of counseling as a distinctive, major mental health profession, the lack of information about the value orientations of professional counselors specifically represents a serious gap in the ongoing study of value influences in counseling and psychotherapy. Within the wider historical development of human service and mental health disciplines and professions, distinctive influences in the evolution of counseling (Picchioni & Bonk, 1983) has led to a modern counseling profession with a predominant focus on developmental potentialities within a holistic perspective (Myers, 1992; Witmer & Sweeney, 1993). An enhanced understanding of major consensual as well as divergent values of counselors is another step toward filling out a distinctive picture of professional counseling, clarifying value-based commonalities and differences with other helping and mental health professions, and elucidating

the role of values in counseling and psychotherapy.

Research Questions

The purpose of the present study was to identify and clarify the major value orientations and value patterns of professional counselors (hereinafter referred to as counselors) in four significant value areas: general or universal values, mental health values, individualistic-collectivistic values, and religious/spiritual values. Specifically, the survey was designed and conducted with the following guiding questions.

1. What is the typical value profile of counselors in terms of 10 basic value dimensions (self-determination, stimulation, hedonism, achievement, power, security, conformity, tradition, benevolence, and universalism) that represent a general or universal value structure? Previous research on counselor and therapist values and attitudes (Haughen et al., 1991; Jensen & Bergin, 1988; T. A. Kelly & Strupp, 1992; Mitchell, 1993; Vardy & Kay, 1982) suggest a hypothesis that counselors will score relatively high along the dimensions of self-determination and benevolence and relatively low along the dimensions of power and conformity.

    a. Is there a general consensus among counselors on these universal values, or are there any differences according to major demographic categories (gender, age, ethnicity/race, marital status) or professional categories (primary work setting, theoretical orientation?)

2. What are the mental health values commonly espoused by counselors? It is hypothesized that counselors, similar to other mental health professionals, will show an affirmative consensus on humanistic values comparable to those previously identified by Jensen and Bergin (1988) and Haughen et al. (1990). It is also hypothesized that counselors will manifest an affirmative consensus on value areas particularly associated with professional counseling, such as work and life-span development values.

    a. Are there differences on mental health values among counselors according to major demographic categories (gender, age, ethnicity/race, marital status) or professional categories (primary work setting, theoretical orientation?)

3. What is the predominant value orientation of counselors with respect to individualism-collectivism? Some evidence (E. W. Kelly, 1988) suggests a hypothesis that on the average counselors will show a predominantly individualistic value orientation.

    a. Is there a general consensus among counselors on these individualistic-collectivistic values, or are there any major differences according to major demographic categories (gender, age, ethnicity/race, marital status) or professional categories (primary work setting, theoretical orientation?)

4. What are the religious/spiritual values of counselors? It is hypothesized that counselors will manifest a substantial general affirmation of spiritual and spiritual values, but with substantial divergences with regards to specific religious values. It is thus hypothesized that counselor consensus will be greater for broadly defined spiritual values than for specific religious values.

    a. Are there any differences on spiritual/religious values among counselors according to major demographic categories (gender, age, ethnicity/race, marital status) or professional categories (primary work setting, theoretical orientation?)

5. Are there any correlational patterns across the four major value areas with relevance to understanding the values of counselors?

Method

Sample

Value survey packets were mailed to 1000 members of the American Counseling Association, randomly selected from over 50,000 members as of October 1993 in all categories of membership except students, administrators,

paraprofessionals, and others. A detailed description of the 497 respondents who mailed back usable forms is presented in the Results section below.

Instruments

The survey packet included four value instruments, a demographic information sheet, and a cover letter.

1. Schwartz Universal Values Questionnaire. A values questionnaire developed by S. Schwartz (1992) was used to query participants about their basic general values.[1] Schwartz's universal values questionnaire (SUVQ) includes 56 specific value words or phrases including both terminal and instrumental values (as defined by Rokeach [1973]) and representing a larger value structure of 10 value types. It is divided into two lists with 30 terminal and 26 instrumental value words or phrases, each with an additional explanatory phrase in parentheses (see Appendix A). Twenty-one of the values are identical to those in the Rokeach list; others are taken from instruments and texts in other cultures. Each of the items is rated on a scale of -1 (opposed to my values) through 7 (of supreme importance). Participants are instructed at the beginning of each value list to first choose the value that is most important and rate its importance, next to choose the value that is most opposed to the respondent's values and rate it -1, 0, or 1, and then to rate all other items according to their importance. SUQV development and validation was carried out in an international study with over 9,000 subjects from 20 countries on every continent except Antarctica, with no fewer than 200 subjects in any one country. Using the method of small scale analysis to locate specific values within predicted value types, Schwartz (1992) and his colleagues were able to confirm 10 of the original 11 value types, with the 56 values consistently located by 80% of their international samples according to the value type structure that researchers had hypothesized. Their structural analysis did not identify separate regions distinguishing terminal and instrumental values, implying that the distinction between terminal and instrumental values does not significantly affect how persons relate to values. Using alpha coefficients to examine internal consistency for each value type in heterogeneous adult samples from four countries, Schwartz (1992) reported mean reliabilities ranging from .75 for stimulation to .55 for tradition, with overall average reliabilities of .67 in Australia, .68 in Holland, .71 in Israel, and .60 in Japan. As Schwartz notes, considering the small number of items for each type, these reliabilities are quite reasonable. Table 1 presents the 10 SUVQ value types with a brief description of each according to the items associated with each type.

2. Mental Health Value Survey. A 53-item Mental Health Value Survey (MHVS) was developed following the general strategy used by Jensen and Bergin (1988) and drawing items from their instrument. The Jensen and Bergin mental health value instrument (JBMHVI) was chosen rather than the MHVQ of Tyler et al. (1983) because the items of the former are direct and explicit in assessing the value opinions of professionals whereas the latter uses a less direct method of grouping items about attributes and behaviors into 8 broad value areas previously identified in factor analytical studies. It was reasoned that the JBMHVI items, which were developed through an extensive literature review, pilot testing, and expert judgment process, provide a straightforward way to assess specific mental health values and value subtleties that might be missed or unidentifiably nested in the 8 broad areas of the Tyler et al. instrument. The JBMHVI's 69-item length was considered too long for the multi-instrument method of this study. Using results of a factor analysis of the JBMHVI (A. E. Bergin, personal communication, November 12, 1990) in which two major factors were identified (Jensen & Bergin, 1988), a decision was made to use the 28 items that loaded most heavily on the two major factors; these 28 items, as well as three others having face validity relevant to the purposes of this study, were selected for inclusion in the mental health value instrument for this study. The items selected from the JBMHVI included at least two items from each of the eleven rationally identified value themes of that instrument. Because professional counselors

in the United States were the specific focus of this study, 21 additional items were formulated, based on a review of mental health concerns particularly relevant in the counseling profession as well as especially pertinent in American society. These included, for example, "Understand and develop oneself in light of one's current stage of life development," "Become understanding and respectful of cultures other than one's own," "Develop competency in an occupation or career," "Improve one's material prosperity," "Be accepting of one's own and others' individual sexual orientation," and "Become generous in sharing one's material resources." Comments on the initial 45-item instrument were solicited and received from 13 experts[2] in the areas of counseling and values. Nine agreed with the author's intention to use items from the Jensen and Bergin instrument and one recommended the Tyler at al. instrument. Other expert comments led to the deletion of two proposed items, the addition of three new items, the inclusion of seven more original Jensen and Bergin items, and the rewording of four items. With the use of this input, the author prepared a final instrument with 53 items. Similar to the JBMHVI, the MHVS called for respondents to rate all items in two categories: (a) importance of the value for a positive, mentally healthy lifestyle (MHVS-L), and (b) importance of the value in guiding and evaluating counseling/psychotherapy with clients (MHVS-GE). All MHVS items are presented in the Results section (see Table 2).

3. Individualism-Collectivism Measure. Individualism-collectivism (INDCOL) was measured with a questionnaire consisting of 29 items, representing three factor analytically derived subscales, developed by Triandis et al. (1988) as part of a multiphase study of individualism and collectivism in the United States. Beginning with a large pool of relevant items from previous research and theory and conducting a series of factor analyses with results from several samples, Triandis and his colleagues identified three factors associated with the 29 items and obtained Cronbach alpha reliabilities ranging from .62 to .92 with a median of .83. Triandis et al. (1990) have described the complexity of measuring individualism within and across cultures and recommend a variety of methods. However, given the need in this study to use a single INDCOL measure as part of a larger survey, the 29-item INDCOL was deemed satisfactory because of both its reliability and its development with multiple samples in the United States (Triandis, personal communication, August, 1991). The 29 items are rated on a 7-point Likert-type scale (high agreement to high disagreement) yielding an overall INDCOL score and three subscale scores. The three subscales are Self-Reliance with Competition (SRC), indicating the degree to which one is open to collaborative interdependence; Concern for Ingroup (CIG), indicating one's care and concern for close others; and Distance from Ingroup (DIG), indicating the degree to which one is sensitively attentive to the opinions and influence of close others. All INDCOL items are presented in the Results section (see Table 3).

4. Measure of Religiousness. Religious values were specifically assessed in two ways. Intrinsic and extrinsic religiousness was measured with Gorsuch and McPherson's (1989) revision of the age-universal intrinsic-extrinsic scales (Gorsuch & Venable, 1983), which in turn was based on Allport and Ross's (1967) concepts of intrinsic and extrinsic religion as operationalized in their Religious Orientation Scale. Although debate continues regarding the precise meanings of intrinsic and extrinsic religiousness (Donahue, 1985; Kirkpatrick & Hood, 1990), accumulating theory and research converge on an understanding of intrinsic religiousness as the commitment (Donahue, 1985) and importance (Gorsuch & McPherson, 1989) that a person attaches to religion as a guide in life (Allport and Ross, 1967), while extrinsic religiousness signifies a valuing of religion for personal and social purposes unconnected to the inherent spiritual and altruistic purposes of religion. The Intrinsic/ Extrinsic-Revised (I/E-R) measure has 14 items yielding scores on three scales: intrinsic religiousness (I), personally oriented extrinsic religiousness (Ep), and socially oriented extrinsicness (Es). Gorsuch and McPherson (1989) found strong factor analytic support for

these three scales and obtained reliabilities of .83 for the I scale, .57 for the Ep, .58 for the Es, and .65 for Ep and Es combined in a single E score. For purposes of this study, several of the items were slightly reworded to adapt their use for Jews, Muslims, and non-believers as well as Christians (for example by including synagogue and mosque where the original refers only to church and by adding to the usual 5-point scale a sixth response specifically worded for the non-believer) (Gorsuch, personal communication, October 2, 1992). All items of the I/E-R instrument are presented in the results section (see Table 4). Religious/spiritual values were also assessed with five items in which respondents were asked to (a) choose from among six possibilities a brief description of their ideological position on notions of God and transcendent reality, (b) identify the religious tradition in which they were raised, (c) identify their current religious affiliation, and indicate (d) the degree of involvement in organized religion and (e) how many times they attend religious service in a typical month. These items were adapted from Shafranske and Malony's (1990) instrument for studying the religious and spiritual orientations of psychologists.

5. Demographic Information Sheet. Each participant received a demographic information sheet with 16 items asking them to give their age, gender, nationality, race/ethnicity, sexual orientation, marital status, number of children, highest degree, professional identification, work setting, type of work, professional certifications, divisional membership in ACA, membership in the American Psychological Association, and theoretical orientation (2 items).

Procedure

The four value instruments were arranged in eight different sequences of 125 instrument packets per sequence set, with the demographic information sheet stapled at the end of all instrument packets. The instrument packet and a cover letter were mailed in early November 1992 to the 1000 randomly selected members of ACA, with a reminder postcard going out two weeks later to 815 non-respondents. Four hundred and fourteen completed instruments were returned as a result of the first mailing and postcard. A complete follow-up packet was sent to all non-respondents in late January 1993, yielding an additional 99 returns. Of the total number of returned surveys, 34 were unusable for a variety of reasons (for example, instruments not complete, student respondents, non-counselor respondents), leaving a total of 479 usable surveys.

A comparison of the sample's demographics with demographic data of the ACA membership in 1993 indicates that the survey sample is representative of ACA membership. For example, in terms of age, comparative age distribution of the sample and ACA are respectively: born between 1951-1970, both 34.8%; between 1950-1941, 44.8% and 41.0%; between 1940-1921, 18.7% and 23.3%; 1920 and earlier, 1.1% and 0.9%. The survey sample was 70.8% female and 29.2% male compared to ACA's 69% female and 31% male. In terms of race/ethnicity, the survey sample as compared to ACA membership was 88.5% to 90.6% white, 6.4% to 4.5% African-American, 3.6% to 3.6% Hispanic, Asian-American, and Native American, and 1.5% to 1.3% other. In terms of respondents' highest degree, the survey sample as compared to ACA membership had 3.8% to 10.3% with a bachelor's, 70.8% to 70.7% with a master's, 21.1% to 17.6% with a doctorate, and 4.4% to 1.4% other. The comparatively lower percentage of bachelor's degree respondents and comparatively higher percentage of doctoral degree respondents may be a result of the exclusion of students from the survey and the comparatively higher response rate of counselor educators/supervisors, who are likely to have a doctoral degree. With regards to primary type of work, 68.1% of the sample and 67.8% of ACA identify themselves primarily as counselor, 15.3% of sample and 13.4% of ACA identify themselves with counselor education/supervision, with the other work categories containing much smaller percentages. Survey respondents included members of all 16 ACA divisions except the recently established American College Counseling Association (ACCA) in proportions closely similar to divisional memberships in

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ACA.

Results

Descriptive and inferential analyses were used to examine data from all four value instruments and the demographic information sheet according to the research questions for the study. Descriptive statistics are used to present overall profiles of respondents in the four value areas studied (universal/general values, mental health values, individualistic-collectivistic values, and religious values). Within each of the four value areas, MANOVAs were used to examine potential overall value differences among respondents according to key demographic and professional factors, followed by univariate ANOVAs and Scheffé tests to investigate specific differences among value subtypes within each of the four overall value areas. Interactional analyses of demographic and professional factors were not feasible because these would have produced a number of empty or very small cells. Therefore, six separate, selected MANOVAs were conducted within the four value areas to investigate overall value differences according to six major factors. These six factors included three demographic factors of age (grouped 23-39, 40-49, 50-59, and 60+) and gender (with age and gender tested jointly), race/ethnicity (African-American and Caucasian) and marital status (single, married, divorced-separated), and three professional factors of primary professional identity (counseling, psychology, education), primary work setting (school, college/university, private practice, agency/hospital), and primary theoretical orientation (behavioral, cognitive, humanistic, psychodynamic). In order to minimize the possibility of Type I error for these multiple comparisons, MANOVAs within each of the four value areas were regarded as a family of six multivariate comparisons, and a conservative overall error rate was determined by dividing the .05 alpha level by the number of separate procedures (6), resulting in a probability level of .008 for accepting differences within each procedure (Myers, 1979; Toothaker, 1993). When multivariate and univariate tests indicated differences at the specified probability level (.008), the Scheffé procedure was used to examine relevant pairwise comparisons to pinpoint specific significant differences.

Universal Values Questionnaire

S. Schwartz (1992) recommends several methods for analyzing results of the SUVQ. For purposes of this study, 10 value types were calculated by computing the mean score for the value items included within each type. In computing value type scores, only those 45 items were included which Schwartz found to be associated with the predicted value type in at least 27 of 36 international samples used for validating the types. Table 1 lists all SUVQ items according to the respective value types of the 45 items used in the analysis. The meaning of value types are presented in Table 2. Items were rated on a 9-point scale from -1 (opposed to my values) and 0 (not important) to 6 (very important) and 7 (of supreme importance), with middle score of 3 (important). As hypothesized, counselor respondents (n = 479) scored highest in the value types of benevolence (M = 5.27, SD = .80) and self-direction (M = 5.08, SD = .84) and lowest in power (M = 2.09, SD = 1.10) (see Table 1). The distribution of respondents' value type scores in comparison to the actual overall mean and standard deviation for all 45 items (M = 4.22, SD = .719) shows that benevolence and self-direction scores were more than one standard deviation above the overall mean, whereas the power score was more than two standard deviations below the mean and the tradition score was more than one standard deviation below the overall mean. On other value types, respondents were at least one-half standard deviation above the overall mean for universalism (M = 4.89, SD = .90) and achievement (M = 4.63, SD = .96) and at least one-half standard deviation below the mean for stimulation. Scores on hedonism, security, and conformity clustered together within one-half standard deviation below the actual overall mean.

To examine for potential differences on universal value types according to the six selected demographic and professional factors, a sequential use of

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MANOVAs and univariate tests at the .008 level of significance, followed by Scheffé comparisons, were used as explained above. Overall significant value type differences were found for age, Wilks $F(30, 1330) = 2.58$, $p < .000$, with univariate and Scheffé comparisons indicating that the 60+ group scored significantly higher than all other age groups in power, conformity, and security, and significantly higher than the 23-39 group in tradition. The 23-39 group scored significantly lower than the 40-49, 50-59, and 60+ groups in universalism. Overall significant differences were found for race/ethnicity, Wilks $F(10, 434) = 3.42$, $p < .000$, with univariate and Scheffé comparisons indicating that African-Americans scored significantly higher than Caucasians in tradition, achievement, conformity, and security. There were no significant differences according to the demographic factors of gender and marital status. With regards to professional factors, overall significant differences were found according to theoretical orientation, $F(30, 1051) = 2.60$, $p < .000$, with univariate and Scheffé comparisons indicating that the behaviorally oriented group scored significantly higher than the cognitively and humanistically oriented groups on benevolence and significantly higher than all other orientations on tradition, conformity, and security. There were no significant differences for any value types according to the professional factors of primary professional identification and primary work setting.

Mental Health Values

Preliminary analyses of MHVS results consisted of a factor analysis to determine if the 53 items could be organized according to underlying factor-derived themes and of reliability analyses using Cronbach's alpha to examine internal consistency. The factor analysis resulted in 12 factors with acceptable eigenvalues of at least 1 (Kaiser, 1991, 1992), cumulatively accounting for 58% of the total sample variance. A varimax rotation with a Kaiser normalization was used to clarify respective item loadings on these factors. Factor 12 had the lowest acceptable eigenvalue and a single item; this item was moved to factor 2, on which it had a substantial positive loading. Thus 11 themes, representing the first 11 factors, were used to meaningfully organize factor-related items. Reliability analyses were conducted on the total MHVS in both categories of responses, namely, importance of values for mentally healthy living (MHVS-L), and importance of values for guiding and evaluating counseling (MHVS-GE). The resulting alpha coefficients were .91 for MHVS-L and .95 for MHVS-GE, indicating high internal consistency for both categories of the total MHVS. Reliability coefficients for the MHVS-L subscale themes ranged from .83 for Traditional Religiousness with Self-Control to .45 for Sexual Acceptance with a median of .65 for all MHVS-L subscales. Reliabilities for the MHVS-GE subscale themes ranged from .87 for Spirituality to .66 for Responsible Self-Expression with a median of .77 for all MHVS-GE subscales. Considering the small number of items in several theme categories, these coefficients represent reasonably acceptable internal consistency for all the subscales.

Table 3 shows percentages of the total sample of 479 respondents who agreed with the 53 mental health value items of the MHVS. The factor-derived themes in Table 2 are arranged in rank order according to the percentage of variance that each factor-theme contributed to the total sample variance. Agreement percentages were calculated by summing responses across all items within each theme. Column (a) presents the percentages of total agreement and high/medium agreement on all themes and items for MHVS-L, and column (b) presents the percentage of respondents endorsing values on all themes and items for all or many clients (MHVS-GE). (To provide a comparison with Jensen and Bergin's [1988] findings for psychologists, social workers, psychiatrists, and family therapists, the percentages of agreement obtained in their study are given in parentheses for the 31 items from the JBMHVI.) Overall, for all 53 items in the MHVS-L category, 88.1% of responses were of agreement, 3.8% were of uncertainty, and 8.1% were of disagreement. A little less than one-half (42.9%) of all agreement responses on the MHVS were in the high agreement category, and 31.4% were in the medium agree category. There were more low

agreement responses (14.1%) than all disagreement response combined (8.1%). Seven themes (1,4,7-11) elicited over 90% agreement, with one theme (3) eliciting over 85% agreement, indicating substantial affirmative consensus on humanistic values as originally hypothesized. Also, value items associated with work (in theme Purposeful Personal Development) and with life span development (in theme Responsible Self-Expression) received agreement ratings exceeding 96%, thereby supporting the hypothesis regarding these values. On the other hand, there was considerable difference of opinion on themes 2 and 6, with modest agreement on theme 7, indicating a lack of consensus about values associated with religion, spirituality, and traditional sexual morality.

To examine the relationship between subjects' responses on the importance of a value for mental health (MHVS-L) and their responses on the importance of the same value for guiding and evaluating psychotherapy/counseling (MHVS-GE), item-by-item correlations and rating comparisons were calculated. A significant relationship was found between the two categories of responses for all 53 items, with correlations ranging from .72 to .43 with a median of .57. (all ps < .001); the overall correlation for all items was .67. Comparisons of ratings on all matched items also showed substantial convergence for the two categories: similar ratings (ties) for the two categories ranged from 97.1% to 49.7% with a median of 72.3%. Non-tie ratings were overwhelmingly (52 of 53 items) in the direction of lower ratings in the MHVS-GE category, with lower non-tie ratings ranging for all items from 42.2% to 2.7% with a median of 21.5%. Higher ratings for the MHVS-GE category ranged from 19.2% to 0.2% with a median of 2.9%. These results indicate that if respondents considered a value important for a mentally healthy lifestyle (MHVS-L) they also generally considered it important for guiding and evaluating counseling for most clients (MHVS-GE). At the same time, rating discrepancies did occur between the two categories in a little more than 20% of all ratings and involve a clear pattern in which MHVS-GE value responses were lower than MHVS-L value responses.

A comparison of counselor responses in this study to those of mental health professionals in the Jensen and Bergin (1988) study showed that on the 31 items common to both studies, counselors' percentages of total agreement in the MHVS-L category were within 5% points (+ or -) of other mental health professionals (Jensen and Bergin's study) on 20 items (65%) and within 10% points (+ or -) for 26 items (84%). The two major factors in this study (Theme 1: Positive Human Relatedness, and Theme 2: Religiousness with Personal Self-Discipline) are similar to the two major factors of the Jensen and Bergin (1988) study, both in terms of general content and consensus split. In terms of the direction of differences between counselors (this study) and other mental health professionals (Jensen and Bergin's study), on 25 (81%) of the items common to the MHVS and JBMHVI, counselors' responses showed a greater degree of agreement in the MHVS-L response category. In the MHVS-GE response category, counselors' percentages of total agreement were within 5% points (+ or -) of other mental health professionals on 12 items (39%) and within 10% points (+ or -) for 19 items (61%). In terms of the direction of differences in the MHVS-GE category, on 25 (81%) of the common items counselors' responses showed less agreement than other mental health professionals.

MANOVAs and univariate tests at the .008 level of significance, followed by Scheffé comparisons, were again used to examine for potential differences on the mental health value (MHVS-L) themes according to age, gender, race/ethnicity, marital status, primary professional identification, primary work setting, and theoretical orientation. Overall significant mental health value theme differences were found for age, Wilks $F(36, 1362) = 1.98$, $p < .001$; gender, Wilks $F(11, 452) = 4.52$, $p < .000$, and theoretical orientation, Wilks $F(33, 1053) = 2.18$, $p < .000$. Univariate tests and Scheffé comparisons indicated that with respect to age, the 60+ group gave significantly higher agreement ratings than the three younger groups (23-39, 40-49, 50-59) on theme 2 (Traditional Religiousness with Personal Self-Control) and significantly higher ratings on theme 6 (Materialistic Self-Advancement) than the youngest group (23-39). There were no significant age differences for other themes.

With respect to gender, females gave significantly higher agreement ratings than males on themes 7 (Responsible Self-Expression), 9 (Autonomy), 10 (Purposeful Self-Development), and 11 (Sexual Acceptance). There were no significant gender differences for other themes. No gender by age interactions were significant. With respect to theoretical orientation, those identifying themselves with a behavioral orientation differed significantly on two themes: they gave significantly higher agreement ratings on theme 2 (Traditional Religiousness with Personal Self-Control) than those of the humanistic orientation and significantly lower agreement ratings on theme 10 (Sexual Acceptance) than those of the psychodynamic orientation. There were no significant overall differences on mental health themes according to the demographic factors of race/ethnicity and marital status or the professional factors of primary professional identification and primary work setting.

Individualism-Collectivism

Table 4 presents means and standard deviations for the three INDCOL subscales and for all items arranged according to their respective subscales. Based on a 7-point response scale where 1 represents a highly individualistic rating and 7 a highly collectivistic rating, the overall INDCOL mean score (M = 4.90) signifies a modest collectivistic rating; this result is contrary to the study hypothesis of a predominantly individualistic orientation for counselors. On the three subscales, respondents scored more than one standard deviation above the overall mean on Concern for the Ingroup (M = 5.45), more than two standard deviations below the mean on Distance from the Ingroup (M = 3.19), and at the mean for Self-Reliance with Commitment (M = 4.95).

MANOVAs at the .008 level of significance, followed by univariate tests and Scheffé comparisons, were once again used to examine for potential differences on INDCOL scores according to the same six selected demographic and professional factors. An overall significant INDCOL difference was found for age, Wilks $F(9, 1119.67) = 3.16$, $p < .001$, with univariate and Scheffé comparisons indicating that the 60+ group gave significantly higher (collectivistic) ratings on the Distance from In-Groups subscale than the other three age groups. There were no significant overall differences on the INDCOL total or subscale scores according to the demographic factors of gender, race/ethnicity, or marital status, or the professional factors of primary professional identification, primary work setting, or theoretical orientation.

Religiousness

The I/E-R is designed to tap dimensions of religiousness in persons who are religiously oriented to some degree. Therefore, analyses based on this instrument did not include either those respondents who specifically identified themselves as "not religious" on several instrument items, or respondents who did not respond at all to an item offering a "not religious" choice. The number of persons who identified themselves as not religious was 19.2% for extrinsic-personal religiousness (Ep), 23.6% for intrinsic religiousness (I), and 29.2% for extrinsic-social religiousness (Es). The differences among these percentages occur as a result of combining slightly different "not-religious" responses to different items; for example, depending on the content of the item, responses might be "I am not religious," "I do not go to a religious institution," or "I do not pray." In order to obtain a conservatively reliable number of respondents who regarded themselves as religious, all of the foregoing responses were grouped as "not-religious" responses, although the latter two certainly would not necessarily signify that in every case. These percentages are generally comparable to the combined total of respondents who indicated no religious affiliation (15.2%) or did not respond regarding a religious affiliation (10.4%) (see Table 5). With the exclusion of "not-religious" respondents as defined above, subscale results on the five-point I/E-R (1 = low, 5 = high) were 3.76 (SD = .86, n = 366) for the I subscale, 2.09 (SD = .88, n = 339) on the Es subscale, and 2.95 (SD = .89, n = 387) on the Ep subscale.

MANOVAs and univariate tests at the .008 level of significance on I/E-R

subscale scores, followed by Scheffé comparisons, showed no significant overall differences for religious values on any of the six demographic and professional factors of age, gender, race, marital status, primary professional identification, primary work setting, or theoretical orientation.

With respect to the question of religious/spiritual ideology, 306 (63.8%) respondents indicated a belief in personal God, while another 118 (24.6%) expressed a belief in a transcendent or spiritual dimension to reality. Twenty-three (4.8%) respondents expressed an opinion that the notions of transcendence or spirituality are illusions, and 32 (6.7%) respondents did not respond to this item at all. In terms of religious affiliation and participation in religious activities, 356 (74.4%) respondents identified themselves as religiously affiliated, 215 (44.9%) identified themselves as highly active or regularly participative in organized religion, and 177 (37%) indicated that they attend religious services at least 4 times per month, with another 115 (24%) noting attendance of 1-3 times per month.

Relationships across Instrument Themes

Correlation coefficients were calculated between all value themes across the four study instruments in order to gain an initial assessment of value patterns with potential relevance to counselors. In order to meaningfully manage the large number (245) of across-instrument theme relationships, all correlations were formatted in matrix form; then only those correlations with a significance level less than .001 were identified for further analyses. Table 6 displays this matrix. The matrix shows that 84 (34%) of the correlations were significant at less than the .001 level. Coefficients ranged from -.16 to .61, with a median of .25 and mean of .27, indicating a modest overall relationship among the four value domains. There was a proportionately greater number of significant correlations between SUVQ and MHVS-L themes (56%) as compared to other across-instrument correlations (SUVQ with INDCOL: 30%; SUVQ with I-E/R: 23%; INDCOL with I-E/R: 22%; MHVS with INDCOL: 21%; MHVS with I-E/R: 18%). A noteworthy pattern within the SUVQ/MHVS-L correlations were the 23 (of a possible 25) significant correlations (mean $\underline{r}$ = .29) between SUVQ themes of benevolence (BE), universalism (UN), tradition (TR), conformity (CO), and security (SE) and the MHVS themes of positive human relations (PHR), traditional religion with personal self-control (TRSC), disciplined personal living with rational thinking (DPLRT), compassionate responsiveness (CR), and spirituality (SP). Within this pattern, BE-PHR, TR-TRSC, TR-DPLRT, CO-TRSC, CO-DPLRT, UN-CR had $\underline{r}$s above .33. While the latter set of correlations tend to confirm intuitively similar value themes across value domains, the larger pattern suggests that a major subset of counselor's mental health values are associated with both highly favored universal values (BE and UN) as well as lowly rated universal values (TR, CO, and SE). The highly rated universal value of self-direction fell outside this pattern and was associated with the mental health values of materialistic self-advancement, responsible self-expression, autonomy, and purposeful personal development (mean $\underline{r}$ = .25). A noteworthy pattern to emerge with regards to I/E-R was the positive relationship between intrinsic religiousness (I) with the universal value TR (.33) and the mental health values TRSC (.61) and SP (.42). These relatively strong relationships, in conjunction with a .52 correlation between the mental health values of TRSC and SP, indicate that despite the considerable divergence of opinion for TRSC in contrast with SP, intrinsic religiousness is a characteristic of both TRSC and SP for counselors. A noteworthy result with regards to INDCOL was a set of significantly negative correlations between counselors' generally collectivistic orientation on self-reliance with commitment (SRC) and SUVQ values of power (PO) (-.33), achievement (AC) (-.24), hedonism (HE) (-.17), and stimulation (ST) (-.16) and the MHVS-L value of materialistic self-advancement (MSA) (-.30). This result suggests that this particular set of universal and mental health values represents an individualistic orientation--a value set to which counselors, except for achievement, generally give rate low ratings.

Discussion

Results of this study point to a generally concordant, although by no means unanimous, value profile for professional counselors across several major, interrelated value domains. Modestly substantial correlations among values across domains clearly support what intuition suggests, namely, that the assessment of values from different perspectives (universal, mental health, individualism-collectivism, and intrinsic-extrinsic religiousness) involves intrapersonal value commonalities that are expressed with varying degrees of domain specificity but nevertheless are more or less closely associated within an overall set of values. Although it is important not to overestimate distinct value domains, a multi-domain assessment as used in this study is justified in light of the substantial degree of non-significant relationships among domain themes and as a source of rich results from several pertinent perspectives that can be compared for enhancing and, as necessary qualifying, interpretive discussion.

A multifaceted picture of counselor values emerges from the results of this study. In the domain of universal values (SUVQ) counselors are shown to highly value benevolence (a concern for the welfare of close others with whom one is in frequent personal contact in everyday interaction), self-direction (an aspiration toward independent thought and action and being curious and creative), universalism (an appreciative concern for the welfare of <u>all</u> people and for nature), and achievement (an aspiration toward demonstrated and effective competence and personal success), and to generally disvalue power (an aspiration toward social status and prestige with authority over others), tradition (an acceptance of and respect for customs and ideas that one's culture or religion enjoin on the individual), and stimulation (a desire for variety, challenge, and excitement). In the domain of mental health values (MHVS-L), counselors are shown to highly value positive human relatedness, compassionate responsiveness, responsible self-expression, forgiveness, autonomy, purposeful personal development, sexual acceptance, and disciplined personal living with rational thinking; they show a somewhat less but still moderately high positive valuing of spirituality. They diverge substantially in their valuing of traditional religiousness with regulated self-control and materialistic self-advancement. In the domain of values along a continuum between individualism and collectivism (INDCOL), counselors overall show themselves to be moderately other-oriented (collectivistic), valuing especially a concern for close others (CIG) and a disposition toward collaboration (SRC), while on the other hand expressing a more individualistic orientation in terms of dependence on close others (DIG). In the domain of expressly religious/spiritual values, almost 90% of the counselor respondents indicated some degree of spiritual and/or religious orientation, with approximately 70% of these expressing some degree of affiliation with organized religion, thus pointing to a generally wide affirmation of spirituality. The difference between the combined percentage for spiritual/religious orientation and the percentage for religious affiliation supports the hypothesis that spiritual values are more broadly affirmed that specific religious values. Religiously oriented counselors (i.e. the 70%-80% who chose responses other than "not-religious" on the 3 subscales of I/E-R) showed themselves with a substantially more intrinsic than extrinsic religious orientation, that is valuing religion more for its importance as a guide in life than for its socially beneficial or personally comforting aspects.

Comparisons among counselor respondents according to major demographic and professional categories showed a generally broad consensus across categories; however, some differences did emerge.

<u>Age</u>. With respect to age, the older group (60+) gave generally higher ratings for several value categories (security, conformity, power, tradition, traditional religiousness with regulated self-control, materialistic self-advancement, and attentive sensitivity to close others). These differences were particularly pronounced between the 60+ group and the youngest group (23-39). This difference might be interpreted to indicate what be called a somewhat more conservative or traditional stance among older respondents in

relation to younger ones. On the other hand, the three older groups were significantly higher than the youngest group in universalism, that is, an appreciative concern for the welfare of all people and for nature. Viewed together with the more traditional perspective, this finding may suggest a complementary attitude of increasing tolerance of different others and a respect for preserving nature's heritage.

Gender. Significant gender difference showed up only in the domain of mental health values (MHVS-L), where females had higher scores than males in four theme areas, namely, responsible self-expression, autonomy, purposeful self-development, and sexual acceptance. It is noteworthy that both women and men had very high mean scores on all four of these themes, indicating that both valued all four highly. The statistically significantly higher scores for females (viewed in light of the items that constitute the themes) may suggest that female counselors, in comparison to their male counterparts, generally give somewhat greater emphasis to a form of autonomy that is linked with both personal responsibility/accountability and an affectively expressive/non-coercive acceptance of self and others.

Race/ethnicity. African-American respondents obtained significantly higher scores than Caucasians in four universal value areas of tradition, achievement, conformity, and security. The overall higher scores in this cluster of values may be interpreted as suggesting a generally more traditional or conservative value set among African-American counselors in relation to white counselors.

Theoretical orientation. The significant differences with respect to theoretical orientation involved four universal value types and two mental health value (MHVS-L) themes by counselors identifying themselves as behaviorists. Behaviorally oriented counselors indicated a significantly higher valuing of tradition, conformity, and security than counselors of all other orientations, higher valuing of benevolence than those of the humanistic and cognitive orientations, higher valuing of traditional religiousness with personal self-control than did humanistically oriented counselors, and a significantly lower valuing of sexual acceptance than psychodynamically oriented counselors. This result might be interpreted as suggesting that behaviorally oriented counselors' benevolent concern for others is nested in a value set that is in certain respects somewhat more traditional or conservative than their counselor counterparts of other theoretical orientations.

Other demographic and professional factors. Other than the few differences discussed above, no other differences were found with respect to age, gender, race/ethnicity, or theoretical orientation, and no differences were found with respect to marital status, primary professional identification, or primary work setting. This finding of so few differences among major subgroups of counselors, especially in light of the high level of agreement on many value themes, lends further support to a conclusion of a generally extensive value consensus among counselors across several important value domains. The relatively high degree of consensus found for counselors in this study, not only for mental health values but also for values in related domains, is consistent with similar results obtained by Jensen and Bergin (1988) and Haughen et al. (1991) for psychologists, psychiatrists, social workers, and marriage and family therapists in their study of mental health values. The affirmative consensus that they found for mental health values variously labeled autonomy, responsibility, self-acceptance, self-awareness, and good interpersonal relations was also found in this study for counselors under the mental health value labels of positive human relatedness, compassionate responsiveness, responsible self-expression, autonomy, and purposeful personal development. Results of this study also paralleled Jensen and Bergin's (1988) findings of a relatively high valuing of forgiveness, a somewhat less but still relatively high valuing of spirituality (Bergin & Jensen, 1990), and considerable divergences in the areas of traditional religion and sexuality. Moreover, this study augmented results of these previous studies by obtaining findings of additional highly rated and affirmatively concordant values in domains complementary to a specifically

mental health value perspective. Congruent with the humanistically and beneficently oriented mental health values found for counselors and other mental health professionals, this study found that in the domain of universal values, counselors highly value benevolence, self-direction, universalism, and achievement; in the domain of individualism-collectivism, they value collaboration with others generally, as well as a concern for but personal independence from close others; and in the domain of religiousness, a significant majority of counselors value intrinsic religiousness and spirituality, which appear highly correlated as representing meaningful transcendental guides to living.

Although this study does not provide direct evidence for the effective use of values in counseling, it does offer important background information for the exploration of values in counseling (Beutler & Bergan, 1991). The value patterns found in this study are relevant to counseling practice in several ways. The overall content pattern that counselors manifested in their high affirmative consensus across values domains might be globally summarized as a strong core valuing of holistic-humanistic empowerment for personal development and interpersonal concern. If this is a reasonable inference, then the predominant value system of most counselors can be seen to be especially beneficial with respect to the therapeutically significant relationship dimension of counseling (Marziali & Alexander, 1991; Sexton & Whiston, 1994). With respect to the ethical and therapeutic importance of respecting clients' values (Tjeltvit, 1986), findings of a very high affirmative consensus for such value themes as universalism (which includes very high ratings for specific values like broadmindedness), compassionate responsiveness (which includes very high ratings for specific values like tolerance of diverse beliefs and respect for other cultures), and sexual acceptance (containing very high ratings for specific values like acceptance of others sexual orientation) indicate that counselors, while strong and clear about their own values, also highly value diversity in others. Another indication of a respect for value divergence is the pattern of consistently lower ratings in the guiding and evaluating category of mental health values (MHVS-GE). This pattern suggests that while counselors rate many values as generally important to a mentally healthy lifestyle, they appear to be more reserved in using these values in guiding counseling. This reservation might be reasonably interpreted as counselors' reluctance to improperly infuse their own values in the counseling process.

This pattern of lower ratings of mental health values for guiding counseling in comparison to their general importance for living differs from the greater consistency between these categories found for other mental health professionals (Bergin & Jensen, 1988; Mitchell, 1993). In addition to suggesting that counselors appear to make at least a modestly significant distinction between the importance of a value for themselves or for mental health generally and the importance of that same value for others' mental health, this pattern may also have relevance for the therapeutic effect of counselor-client value similarity-dissimilarity (Beutler & Bergan, 1991; T. A. Kelly, 1990; T. A. Kelly & Strupp, 1992; Schwehn & Schau, 1990). If counselors make such value distinctions for themselves with regards to values that are important to them, then it may be that the modest degree of value similarity and dissimilarity that T. A. Kelly (1990) postulates as important to therapeutic effectiveness can be achieved as a function not only of inherent value differences between a counselor and a client but also as a function of the value stance that the counselor takes in relation to the client irrespective of the personal salience of the value to the counselor.

The importance of counselors' not imposing their values on clients has long been accepted as an ethical axiom in counseling. However, several lines of research findings about the importance of values to counseling need to be mutually clarified and applied beyond the simple notion of not imposing values. Cumulative research now includes clear evidence that counselors and other mental health professionals have a set of a strongly held values, which, furthermore, they consider relevant and influential in the counseling process (Norcross & Wogan, 1987). Other evidence indicates that counselor values

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remain stable through the counseling process, while client values are less stable and, especially in effective therapy, tend to shift toward those of the counselor (Beutler, Crago, & Arizmendi, 1986; Schwehn & Schau, 1993)--this shift being associated with a complex pattern of counselor-client value similarity-dissimilarity. But how do we reconcile a strong set of counselor values, tending to remain stable throughout therapy, with the therapeutic importance for some counselor-client value dissimilarity and the ethical need for counselors not to impose values? Client-counselor matching on values is one option. However, this is in practice often not feasible. I would suggest that this reconciliation may be achieved, first, by the counselor's ability to distinguish between the personal or general importance of a value and its specific importance for each client and, second, by the ability to use that distinction therapeutically in interventions that involve varying patterns of value similarity and dissimilarity as these are relevant to the specific needs of each client. For example, in terms of value dissimilarity, consider a counselor personally high in compassionate responsiveness and collaboration and low in power and materialistic self-advancement working with a client who has a similar value pattern that is contributing to a problem of overdependence and self-depreciation. By distinguishing between the personal salience and therapeutic salience of values within this pattern, a counselor with such a value pattern may deliberately (and honestly of course) use the personally non-salient values of self-advancement and power to help the client confront negative life effects tied to the client's (mis)valuing of compassion and collaboration. In terms of value similarity in the same case, counselor-client congruence on the basic valuing of positive human relatedness and responsible self-expression may be reflected in the counselor's stable incorporation of these values into the counseling process in way that reinforces them in the client as antidotes to client's dependent relatedness and self-repression.

With regards to future research on values in counseling, Beutler and Bergan (1991) have suggested investigating hypotheses about therapeutic effectiveness in relation to specific values that counselors personally embody or values that counselors hold similarly or dissimilarly with clients. The findings of this present study further suggest that future research also needs to look at how counselors and other mental health professionals, who have now been shown in several studies to hold strongly a large common set of values, can effectively and ethically distinguish between the personal and therapeutic salience of their own values and introduce considerations of value similarity and dissimilarity while maintaining stability in their values.

The MHVS, rationally developed from relevant literature and expert input, displayed some promising positive qualities. It possessed high overall internal reliability. Its ten factor-derived themes showed a pattern of modest correlations generally compatible with similar universal value types on the SUVQ, as well as reasonable reliability coefficients consistent with the small number of items per theme. It yielded results generally consistent with and complementary to prior research. Additional research using the MHVS with other populations is needed to examine further its reliability and validity.

Limitations in this study point to other suggestions for future research. Cultural dynamics, although nested to some extent in the universal values and individualism-collectivism instruments of this study, were not directly addressed and need to be considered as an important contextual aspect of values (Pedersen & Pedersen, 1989; P. Pedersen, personal communication, September 28, 1992) and as a factor in examining counselor-client similarities and dissimilarities (Beutler & Bergan, 1991). Also, the large number of comparisons examined in this study required a conservative (very low) significance level with a concomitant forfeiture of power. Future research might examine comparisons that were highly suggestive in this study but failed to meet the conservative criterion for accepting differences among various demographic and professional factors. Finally, the focus of this study was counselor values to obtain important background information. Future work on counselor values must build on this background information by investigating client values across similar domains, and by ongoing study of the therapeutic

impact of counselor-client value interactions and specific methods for incorporating value-based interventions into counseling.

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Footnotes

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Table 1

Means and Standard Deviations of SUVQ 10 Value Types and 45 Value Items

Value Types and Value Items[a]	Mean	SD
Benevolence	5.27	.80
33. Loyal (faithful to my friend, group)	5.00	1.28
45. Honest (genuine, sincere)	5.82	1.05
49. Helpful (working for the welfare of others)	5.34	1.18
52. Responsible (dependable, reliable)	5.39	1.06
54. Forgiving (willing to pardon others)	4.79	1.36
6. A Spiritual life (emphasis on spiritual matters, not material matters)[b]		
10. Meaning in life (a purpose in life)		
19. Mature love (deep emotional and spiritual intimacy)		
28. True friendship (close, supportive friends)		
Self Direction	5.08	.84
5. Freedom (freedom of action and thought)	5.60	1.13
16. Creativity (uniqueness, imagination)	4.63	1.40
31. Independent (self-reliant, self-sufficient)	5.13	1.32
41. Choosing your own goals (selecting own purposes)	5.44	1.17
53. Curious (interested in everything, exploring)	4.58	1.47
14. Self respect (belief in one's own worth)		
Universalism	4.89	.90
1. Equality (equal opportunity for all)	5.46	1.28
17. World at peace (free from war and conflict)	4.98	1.57
24. Unity with nature (fitting into nature)	3.91	1.72
26. Wisdom (a mature understanding of life)	5.48	1.13
29. A world of beauty (beauty of nature and the arts)	4.40	1.42
30. Social Justice (correcting injustice, care for the weak)	5.04	1.39
35. Broadminded (tolerant of different ideas and beliefs)	5.42	1.17
38. Protecting the Environment (preserving nature)	4.36	1.55
2. Inner Harmony (at peace with myself)		
Achievement	4.63	.96
34. Ambitious (hard-working, aspiring)	4.43	1.44
39. Influential (having an impact on people and events)	3.76	1.51
43. Capable (competent, effective, efficient)	5.60	.97
55. Successful (achieving goals)	4.71	1.28
48. Intelligent (logical, thinking)		

Table 1, continued

Hedonism	4.14	1.24
4. Pleasure (gratification of desires)	3.51	1.46
50. Enjoying Life (enjoying food, sex, leisure, etc.)	4.77	1.48
Security	4.07	1.09

8. Social Order (stability of society)	3.87	1.53
13. National Security (protection of my nation from enemies)	3.83	1.81
15. Reciprocation of favors (avoidance of indebtedness)	3.09	1.72
22. Family Security (safety for loved ones)	5.72	1.15
56. Clean (neat, tidy)	3.79	1.72
7. Sense of belonging (feeling that others care about me)		
42. Healthy (not being sick physically or mentally)		
Conformity	4.07	1.17
11. Politeness (courtesy, good manners)	4.09	1.45
20. Self Discipline (self-restraint, resistance to temptation)	4.43	1.46
40. Honoring parents and elders (showing respect)	4.36	1.54
47. Obedient (dutiful, meeting obligations)	3.39	1.78
Stimulation	3.59	1.24
9. Exciting Life (stimulating experiences)	3.89	1.47
25. A Varied Life (filled with challenge, novelty and change)	4.37	1.44
37. Daring (seeking adventure, risk)	2.49	1.81
Tradition	3.17	1.27
18. Respect for Tradition (preservation of time-honored customs)	3.29	1.62
32. Moderate (avoiding extremes of feeling & action)	2.89	1.78
36. Humble (modest, self-effacing)	3.20	1.67
44. Accepting my portion in life (submitting to life's circumstances)	5.82	1.05
51. Devout (holding to religious faith & belief)	3.65	2.51
21. Detachment (from worldly concerns)		
Power	2.09	1.10
3. Social Power (control over others, dominance)	.35	1.52
12. Wealth (material possessions, money)	2.94	1.46
27. Authority (the right to lead or command)	2.43	1.69
46. Preserving my public image (protecting my "face")	2.61	1.82
23. Social recognition (respect, approval by others)		

[a]Item numbers indicate the order in which items appear on the SUVQ. The names of value types do not appear on the SUVQ. [b]Items with no mean and standard deviation were on the SUVQ but were not used for calculating type scores.

Table 2

Universal Value Types (S. Schwartz, 1992)

Self-Direction (SD). An aspiration toward independent thought and action and being curious and creative.

Stimulation (ST). A desire for variety, challenge, and excitement.

Hedonism (HE) A desire for personal gratification through pleasure and enjoyment of life.

Benevolence (BE). A concern for the welfare of close others with whom one is in frequent personal contact in everyday interaction.

Universalism (UN). An appreciative concern for the welfare of all people and for nature.

Tradition (TR). An acceptance of and respect for customs and ideas that one's culture or religion enjoin on the individual.

Conformity (CO). A self-restraint on inclinations and actions that are likely to upset or harm others and violate social expectations and norms.

Power (PO). An aspiration toward social status and prestige with authority over others.

Achievement (AC). An aspiration toward demonstrated and effective competence and personal success.

Security (SE). A concern for safety, harmony, and stability in society, relationships, and one's personal life.

Table 3

Responses by Counselors to 53 Mental Health Value Items

	(a) Important for a positive, mentally healthy lifestyle		(b) Important in guiding and evaluating psychotherapy with all, many, some, few, none	
	Total % agree	Hi/Med % agree	All/Many % agree	
Theme 1: Positive Human Relatedness (PHR)	95.8	84.6	68.7	
*17. Increase one's ability to be sensitive to others' feelings.	100 (98)	94.6 (93)	82.7 (92)	
*25. Be open, genuine, and honest with others.	100 (96)	94.6 (86)	86.4 (87)	
*2. Develop ability to give and receive affection.	99.8 (100)	97.5 (97)	84.1 (95)	
10. Develop positive attitudes and skills for family relationships.	99.4	93.1	80.0	
*20. Increase one's respect for human value and worth.	99.2 (98)	96.2 (88)	83.9 (79)	
9. Develop attitudes and skills of cooperation and teamwork.	98.5	81.8	62.4	
*19. Develop one's social awareness and social responsibility.	97.1 (92)	81.2 (75)	58.7 (65)	
*6. Be loyal and committed in relationships.	96.7 (96)	86.8 (81)	69.5 (76)	
*21. Be nurturant in relationships.	96.0 (95)	81.4 (80)	61.4 (78)	
12. Become generous in sharing one's material resources.	71.8	39.0	18.2	
Theme 2: Traditional Religiousness with Regulated Self-Control (TRSC)	56.4	41.4	30.1	
*35. Abstain from the use of illicit drugs.	96.0 (86)	88.1 (76)	77.2 (69)	
**16. Have sexual relations exclusively with one partner in a committed relationship.	85.6 (68)	72.7 (56)	50.3 (62)	
*51. Guide one's life according to religious principles and ideals.	62.2 (51)	41.3 (35)	30.1 (33)	
*52. Have a religious affiliation in which one actively participates.	51.1 (44)	32.4 (27)	23.2 (26)	
*53. Submit oneself to the will of a supreme being.	46.8 (40)	34.0 (28)	29.0 (25)	
*15. Abstain from sexual intercourse until marriage.	36.3 (30)	25.1 (16)	21.5 (23)	

Table 3, continued

Theme 3: Disciplined Personal Living with Rational Thinking (DPLRT)	85.8	63.3	49.1	
*5. Regulate one's behavior by developing and applying personal principles and ideals.	96.5 (96)	87.9 (81)	76.8 (78)	
*34. Think rationally and improve one's judgment.	95.8 (97)	73.7 (86)	65.3 (85)	

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*30. Improve one's ability to persevere.	95.0 (91)	71.4 (66)	58.5 (66)
*28. Actively discipline oneself for the sake of personal growth.	91.4 (81)	69.3 (54)	49.7 (59)
*41. Develop skills in being analytical and objective.	85.4 (92)	52.8 (67)	39.2 (67)
26. Be willing to bear inconvenience and suffering for a good purpose.	81.8	58.5	34.7
*33. Become self-sacrificing and unselfish.	54.9 (52)	29.2 (26)	19.4 (30)
Theme 4: Compassionate Responsiveness (CR)	96.1	84.1	65.5
36. Show compassion for others.	99.4	93.3	78.5
*43. Be positively hopeful in one's expectation for the future.	98.5 (95)	86.4 (78)	74.9 (84)
46. Become understanding and respectful of cultures other than one's own.	98.5	92.7	69.7
45. Become tolerant of diverse beliefs.	95.4	86.8	66.2
42. Become sensitive and responsive to needs of the poor and oppressed.	88.5	61.0	38.2
Theme 5: Spirituality (SP)	76.5	84.1	65.5
*48. Seek a spiritual understanding of the universe and one's place in it.	85.0 (68)	68.5 (53)	45.9 (41)
**49. Seek inner wholeness and strength through communion with a higher power.	79.5 (50)	61.6 (34)	40.5 (31)
**50. Live in accord with the spiritual/ transcendental connectedness of all reality.	64.9 (41)	48.9 (28)	33.2 (26)
Theme 6: Materialistic Self-Advancement (MAS)	56.4	27.5	21.8
*29. Strive for achievement.	90.4 (83)	57.8 (52)	45.1 (58)
11. Enhance one's competitive abilities.	57.8	20.5	13.4
22. Improve one's material prosperity.	51.6	16.1	10.9
44. Develop a rationality and ego-strength free of all religiously derived concept and practices.	25.7	15.4	18.0

Table 3, continued

Theme 7: Responsible Self-Expression (RSE)	98.2	86.4	76.7
*7. Assume responsibility for one's actions.	100 (100)	99.0 (98)	96.7 (98)
*18. Become skilled in the expression of one's feelings in an accurate and constructive way.	99.8 (99)	95.8 (94)	93.1 (96)
*27. Increase one's receptivity to new experiences.	97.5 (94)	75.4 (75)	55.7 (76)
31. Enhance one's assertive skills.	97.1	75.4	62.0
8. Understand and develop oneself in view of one's current stage of life development.	96.9	86.4	76.2
Theme 8: Forgiveness (FORG)	93.5	81.5	69.8
37. Recognize, accept, and deal with			

hurt and anger provoked by actions of others.	99.4	93.9	88.1
*39. Be able to forgive oneself for mistakes that have hurt others.	99.4 (97)	92.1 (87)	78.5 (81)
*38. Be able to forgive parents or others who have inflicted disturbance in oneself.	93.7 (93)	79.7 (77)	67.4 (78)
*40. Seek forgiveness for one's negative influence.	81.6 (68)	60.1 (37)	45.1 (38)
Theme 9: Autonomy (AUT)	98.4	92.5	84.1
1. Develop attitudes and skills of self-reliance.	99.8	96.7	90.4
*3. Enhance one's feelings of autonomy.	97.9 (96)	89.4 (92)	81.0 (94)
*4. Become free from inhibiting dependency.	97.5 (98)	91.4 (94)	81.0 (91)
Theme 10: Purposeful Personal Development (PPD)	98.1	91.2	74.6
24. Have a sense of purpose for living.	99.6	98.1	89.4
47. Develop nonviolent attitudes and skills of problem solving and conflict resolution.	98.5	95.6	81.8
*32. Practice consistent habits of physical health and personal grooming.	98.1 (94)	85.0 (77)	66.6 (69)
23. Develop competency in an occupation or career.	96.2	86.0	60.5

Table 3, continued

Theme 11: Sexual Acceptance (SXA)	94.2	82.9	59.3
*13. Understand that sexual impulses are a natural part of oneself.	95.6 (100)	82.9 (97)	59.3 (85)
14. Be accepting of one's own and others' individual sexual orientation.	92.7	83.7	64.3

'Percentages in parentheses are from Jensen and Bergin's (1988) original study with mental health professionals other than counselors.
* = Exact item from JBMHVI ** = Slightly reworded item from JBMHVI

Table 4

INDCOL: Three Subscale Mean Scores and 29 Item Mean Scores

	Mean	SD
Self-Reliance with Commitment (SRC)	4.95	.85
1. If the group is slowing me down, it is better to leave it and work alone.	3.76	1.69
4. To be superior a person must stand alone.	5.90	1.43
8. Winning is everything.	6.43	1.08
11. Only those who depend on themselves get ahead in life.	5.25	1.65
13. If you want something done right, you've got to do it yourself.	5.07	1.72
15. What happens to me is my own doing.	2.91	1.58
17. I feel winning is important in both work and games.	4.28	1.74
20. Success is the most important thing in my life.	5.17	1.67
22. It annoys me when other people perform better than I do.	4.71	1.67
25. Doing your best isn't enough; it is important to win.	6.28	1.16
27. In most cases, to cooperate with someone whose ability is lower than oneself is not as desirable as doing the thing on one's own.	5.47	1.36
29. In the long run the only person you can count on is yourself.	4.10	2.03
Concern for Ingroup (CIG)	5.45	.82
2. It is foolish to try and preserve resources for future generations.	6.47	.82
5. I would help within my means if a relative told me that s(he) is in financial difficulty.	5.93	1.12
6. People should not be expected to do anything for the community unless they are paid for it.	6.56	.83
7. When my colleagues tell me personal things about themselves, we are drawn closer together.	5.72	1.18
9. Even if a child wins the Nobel Peace Prize, the parents should not feel honored in any way.	6.29	.98
12. I would not let my parents use my car (if I have one) no matter whether they are good drivers or not.	6.68	.85
16. I like to live close to my friends.	5.31	1.27
18. The motto, "sharing is both a blessing and a calamity" is still applicable even if one's friend is clumsy, dumb, and causing a lot of trouble.	4.53	1.43
23. I would not share my ideas and newly acquired knowledge with my parents.	5.96	1.48
26. Children should not feel honored even if the father were highly praised and given an award by a government official for his contributions and service to the community.	6.11	1.08
Distance from Ingroup (DIG)	3.19	.99
3. I am not to blame if one of my family members fail.	3.01	1.70
10. My happiness is unrelated to the well being of my coworkers.	5.23	1.62
14. My parents' opinions are not important in my choice of a spouse.	4.40	1.83
19. I am not to blame when one of my close friends fails.	2.32	1.41
21. My coworkers's opinions are not important in my choice of spouse.	2.31	1.68
24. When a close fried of mine is successful, it doesn't really make me look better.	3.19	1.83
28. One need not worry about what the neighbors say about whom one marry.	1.93	1.39
Total INDCOL	4.90	.53

Table 5

Religiousness: Intrinsic, Extrinsic-Social, Extrinsic-Personal

Religiousness Score	Mean	SD
Intrinsic (InR) (n = 366)	3.76	.86
1. I enjoy reading about religion.	3.51	1.21
3. It does not matter what I believe as long as I am good.	3.30	.39
4. It is important to me to spend time in private religious thought and prayer.	3.80	1.34
5. I have often had a strong sense of God's presence.	3.77	1.28
7. I try hard to live all my life according to religious beliefs.	3.35	1.31
10. Although I am religious, I don't let it affect my daily life.	4.10	1.02
12. My whole approach to life is based on religion.	2.72	1.44
14. Although I believe in religion, many other things are more important to me.	2.96	1.37
Extrinsic-Social (ExRS) (n = 339)	2.91	.88
2. I go to church, synagogue, mosque, or similar religious institution because it helps me to make friends.	2.50	1.20
11. I go to church, synagogue, mosque, or similar religious institution mostly to spend time with my friends.	1.78	.87
13. I go to church, synagogue, mosque, or similar religious institution mainly because I enjoy seeing people I know there.	1.92	.94
Extrinsic-Personal (ExRP) (n = 387)	2.95	.89
6. I pray mainly to gain relief and protection.	3.77	1.28
8. What religion offers me most is comfort in times of trouble and sorrow.	2.90	1.18
9. Prayer is for peace and happiness.	3.40	1.14

Table 6

Significant Correlation Coefficients for All Across-Instruments Themes*

	SUVQ									
	BE	SD	UN	AC	HE	SE	CO	ST	TR	PO
MHVS-L										
PHR	.34	--	.28	--	--	.27	.31	--	.28	--
TRPSC	.25	--	--	--	-.16	.22	.42	--	.52	--
DPLRT	.29	--	.22	.20	--	.29	.44	--	.42	--
CR	.25	.21	.41	--	--	.17	.17	--	.16	--
SP	.17	--	.20	--	--	--	.19	--	.33	--
MSA	--	.22	.21	.31	.20	.32	.27	.26	--	.39
RSE	.20	.27	.28	.20	--	.19	--	.23	--	--
FORG	.27	--	--	--	--	--	.23	--	.28	--
AUT	--	.28	--	--	--	--	--	--	--	--
PPD	.24	.21	--	.28	--	.30	.25	--	--	--
SXA	--	.26	.28	--	.27	--	--	.16	--	--
INDCOL										
SRC	--	--	--	-.24	-.17	--	--	.16	--	-.33
CIG	.23	--	--	--	--	.19	.19	-.20	--	--
DIG	--	--	--	--	--	--	.19	--	--	.21
I/E-R										
I	.19	--	--	--	-.25	--	--	--	.33	--
Es	--	--	--	--	--	--	--	--	--	--
Ep	--	--	--	--	--	.25	.18	--	--	.20

	MHVS-L									
	PHR	TRPSC	DPLRT	CR	SP	MSA	RSE	FORG	AUT	PPD	SXA
INDCOL											
SRC	--	--	--	--	--	-.30	--	--	--	--	--
CIG	.20	--	.14	.20	--	--	--	.23	--	.19	--
DIG	--	.18	--	--	--	--	--	--	--	--	--
I/E-R											
I	.19	.61	.21	--	.43	--	--	.27	--	--	--
Es	--	--	--	--	--	--	--	--	--	--	--
Ep	--	--	--	--	--	.22	--	--	--	--	--

	INDCOL		
	SRC	CIG	DIG
I/E-R			
I	.26	--	--
Es	--	--	.19
Ep	--	--	--

Note. Meaning of abbreviations are found in Tables 1-4.
*Coefficients shown are significant at $p < .001$.